UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)	ATTORNEY DOCKET 86363LMB Customer No. 01333
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450 FILLED, BIOLOGICAL MICROARRAY AND METHOD FOR USE First Named Inventor (or Application Identifier): Jeffrey W. Leon, et al	**Express Mail Label No.** **EV293527883US** **Date:** October 9, 2003

22389 U.S.PTO
10/682271
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Enclosed are:

1. [X] Specification
2. [1] Sheet(s) of drawing(s)
3. [X] Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
   - 4a. [X] New
   - 4b. [ ] Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. [ ] Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. [X] Assignment of the invention to Eastman Kodak Company
7. [ ] Certified copy of a priority
8. [ ] Associate Power of Attorney
9. [ ] Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. [ ] If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. [ ] Continuation [ ] Divisional [ ] Continuation-in-part (CIP) of prior application No: ,

12. [X] Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Lynne M. Blank at 585-477-7418.

The filing fee has been calculated as shown below:

FOR:	NO. FILED		NO. EXTRA	RATE	FEE
BASIC FEE					$ 770
TOTAL CLAIMS	69	- 20 =	49	x 18 =	$ 882
INDEPENDENT CLAIMS	2	- 3 =	-1	x 86 =	$ 0
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED				+ 290	$ 0
				TOTAL	$ 1652

[X] Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **$ 1652**

A duplicate copy of this sheet is enclosed

[X] The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

Lynne M. Blank

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